

STATE OF LOUISIANA
RECREATIONAL AND USED MOTOR VEHICLE COMMISSION

3132 VALLEY CREEK DRIVE
BATON ROUGE, LOUISIANA 70808
(225) 925-3870 FAX # (225) 925-3869

www.lrumvc.state.la.us

FOR OFFICE USE ONLY

Receipt No. _____

License No. _____

Date Issued _____

Current License No. _____

APPLICATION FOR LICENSE AS MANUFACTURER/DISTRIBUTOR FOR YEAR 20_____

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal or revocation of a Manufacturer/Distributor License.

BUSINESS NAME _____ PHONE (____) _____
(Name Under Which Business Will Be Conducted) (No Cellular Phones Allowed)

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ COUNTY/PARISH _____ ZIP _____
(No., Street, City/Town, State)

MAILING ADDRESS (if different from above) _____ Zip _____

Indicate by (✓) in the applicable block shown below for the type of business you are engaged in. If several types apply to your business, although it is one combined operation, each applicable block must be checked.

I (WE) ENGAGE IN THE FOLLOWING BUSINESS:

	MANUFACTURER	DISTRIBUTOR	BRAND NAMES
BOATS	<input type="checkbox"/>	<input type="checkbox"/>	_____
BOAT MOTORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
MOTORCYCLES/ATV'S	<input type="checkbox"/>	<input type="checkbox"/>	_____
MOTORHOMES	<input type="checkbox"/>	<input type="checkbox"/>	_____

MANUFACTURER/DISTRIBUTOR CONTACT PERSON _____ PHONE NO. _____
CELLULAR PHONE _____

Have you ever been convicted or pled guilty to any crime other than a traffic violation in the past 5 years?
☐ Yes ☐ No If yes, state individual's name, offense, date of offense and where on reverse side.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

MANUFACTURER/DISTRIBUTOR SIGNATURE _____ DATE _____
Individual, Managing Partner, President of Corporation or
Duly Authorized Representative

Any false answer is a criminal offense subject to a fine not to exceed \$5,000.00 or imprisonment not to exceed 4 years or both.

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

ATTACH Check to cover \$100.00 fee for each Manufacturer/Distributor, \$100.00 fee for each Sales Representative
ATTACH Check for \$35.00 to cover criminal record check, if applicable.

Make Checks payable to: Louisiana Recreational and Used Motor Vehicle Commission.

MAIL Completed Form, Sales Representative Application(s), Fees and List of Dealers authorized to sell your products to above address. A Sales Representative is not needed if the manufacturer is also a Louisiana Dealer and both operations are conducted at the same location.

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.